

Form PTE Virginia Pass-Through Credit Allocation

- Use this form to allocate a tax credit to the taxpayers listed in Section II.
- The information in Section II may be submitted as an attachment provided that the attachment lists only the required information.
- Any pass-through listed in Section II must complete a separate Form PTE.
- Allocations must be shown in whole dollars and the total allocations listed in Section II **must equal** the amount shown in Section I, G.
- To avoid delays at the time of annual return processing, Form PTE should be filed within **90 days of certification**, but at least **90 days prior** to the participants (listed in Section II) filing their Income Tax Returns.
- Please ensure that the information provided on this form is accurate. Documentation will be required for any changes.



Mail Form to:

**Virginia Department of Taxation
Tax Credit Administration Unit
PO Box 715
Richmond, VA 23218-0715**

Or

Fax to: **804-786-2800**

For Assistance, Call **804-786-2805**

You must attach a copy of your certificate. A separate Form PTE must be completed for each certificate.

Section I - Credit Information

A) Pass-Through Entity FEIN		B) Pass-Through (Entity Filing Form) Name		C) If Subsidiary, Enter Parent FEIN
D) Type of Filer <input type="checkbox"/> Fiscal <input type="checkbox"/> Calendar	E) Form Type <input type="checkbox"/> Original <input type="checkbox"/> Amended	F) Tax Year	G) Amount Granted/Allocated .00	H) Certificate Number, If Applicable
I.) Credit Type - Check One				
<input type="checkbox"/> (AG) Agricultural Best Management Credit				
<input type="checkbox"/> (HR) Historic Rehabilitation Credit				
<input type="checkbox"/> (NA) Neighborhood Assistance Credit				
<input type="checkbox"/> (RR) Rent Reduction Credit				
<input type="checkbox"/> (ED) Qualified Business Credit				
<input type="checkbox"/> (LH) Low Income Housing Credit				
<input type="checkbox"/> (RB) Riparian Buffer Credit				
<input type="checkbox"/> (WR) Worker Retraining Credit				
<input type="checkbox"/> (EZ) Enterprise Zone Credit (nonrefundable)				
<input type="checkbox"/> (MB) Major Business Credit				
<input type="checkbox"/> (RM) Recyclable Materials Credit				

Section II - Credit Allocation

Taxpayer Information				
1	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
2	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
3	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
4	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
5	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
6	SSN/FEIN	Name		Amount
	Street Address or P O Box		City, State ZIP	00
Total Must equal the amount shown in Section I, G.				00

Section III - Authorized Signature

Authorized Signature		Title	Date
Print Name	Telephone Number	FAX Number	